



STATE OF MAINE  
BOARD OF LICENSURE FOR  
PROFESSIONAL LAND SURVEYORS  
35 STATE HOUSE STATION  
AUGUSTA, ME 04333-0035  
(207) 624-8603  
FAX (207) 624-8637

DATE RECEIVED

4280-1446-\$50.00  
ALL FEES ARE NON-REFUNDABLE

**PROFESSIONAL LAND SURVEYOR LICENSE APPLICATION**

**NOTICE:** This application is a public record for purposes of the Maine Freedom of Access Law, 1 MRSA §401, et.seq. Public records must be made available to any person upon request. Your application for licensure is a public record and information that you supply as part of the application (other than your social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Your name, license number and the mailing address listed on your application will be available to the public and may be posted on our website.

I, \_\_\_\_\_, hereby apply for licensure to practice in the State of Maine under Title 32, Chapter 121, Professional Land Surveyors under the classification in the schedule of minimum requirements as check below:

- ☐ 1. Section 13905(2)(A) - Licensed LSIT; 2 additional years of progressive combined office and field experience satisfactory to the board; written exam.
- ☐ 2. Section 13905(2)(B) - Licensure by endorsement--licensed PLS with comparable qualifications from another jurisdiction under conditions satisfactory to the board to include successful completion of a written exam. **NOTE:** You must have the State Licensing Board from which you received your current license send certification of your licensure to this Board. Applicant may also be required to provide a copy of the licensure act governing the state under which you received the license.

NAME OF APPLICANT: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1976 (42 U.S.C. §405(C)(2)(C)(I)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

MAILING ADDRESS: \_\_\_\_\_  
BUSINESS NAME

STREET AND NUMBER CITY OR TOWN STATE ZIP CODE

HOME TELEPHONE: ( ) \_\_\_\_\_ / \_\_\_\_\_ BUS. TELEPHONE: ( ) \_\_\_\_\_ / \_\_\_\_\_

Have you ever been convicted of a crime by any court for any offense other than a minor traffic violation?

☐ Yes ☐ No

If yes, please describe in detail on a separate sheet, the date(s) and crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

OVER ☒

## **I. GENERAL INFORMATION**

1. Are you registered or licensed as a Land Surveyor-In-Training in any other state(s)? ☐ Yes ☐ No  
If yes, please give registration or license number (s) \_\_\_\_\_  
Date issued \_\_\_\_\_ Expire Date \_\_\_\_\_ State \_\_\_\_\_
2. Did you qualify by written examination? ☐ Yes ☐ No  
If yes, state place, date and length of examination: \_\_\_\_\_  
Was it an NCEES examination? ☐ Yes ☐ No
3. Has your registration or license ever been denied, revoked or suspended for any reason in any other state, country or other licensing jurisdiction? ☐ Yes ☐ No
4. Have you ever surrendered your license or been found guilty of professional misconduct, unprofessional misconduct, incompetence or negligence in any other state or country? ☐ Yes ☐ No
5. Are charges pending against you for professional misconduct, unprofessional misconduct, incompetence or negligence in any other state or country? ☐ Yes ☐ No

## II. EDUCATION

- ☒ An applicant holding a Maine LSIT license need not complete this section.
- ☒ Official post-secondary school transcripts must be sent directly from educational institutions to this board.
- ☒ UNSUPERVISED EDUCATION: If you have engaged in unsupervised education which you believe to be relevant to your licensure, please submit a separate statement explaining the nature of such home study, correspondence school work, or professional meetings and seminars attended.

[illegible]

### III. EMPLOYMENT EXPERIENCE SUMMARY-- PLEASE LIST MOST RECENT WORK FIRST.

WORK UNDER LICENSED SURVEYOR	TITLE OR POSITION	NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT		TIME IN LAND SURVEYING	
KEY 1			FROM MO/YR	TO MO/YR	YEARS	MONTHS
KEY 2			FROM MO/YR	TO MO/YR	YEARS	MONTHS
KEY 3			FROM MO/YR	TO MO/YR	YEARS	MONTHS
KEY 4			FROM MO/YR	TO MO/YR	YEARS	MONTHS

### III. EXPERIENCE SUMMARY continued....

COMPLETE A VERIFICATION OF EXPERIENCE FORM FOR EACH "KEY" LISTED ABOVE. GIVE COMPLETE AND DETAILED INFORMATION PERTAINING TO TRAINING AND EXPERIENCE INCLUDING DATES AND LENGTHS OF TIME INVOLVED. PLEASE INCLUDE DETAILS OF TYPE AND SCOPE OF LAND SURVEYING. YOU MAY USE PLAIN 8 1/2 x 11 INCH SHEETS AS SUPPLEMENTAL PAGES TO THE FORM IF NECESSARY. EACH PAGE SHOULD BE IDENTIFIED BY "KEY" NUMBER AND SIGNED BY THE APPLICANT **AND** THE ENDORSER.

### **APPLICANT'S SWORN STATEMENT AND SIGNATURE**

I HEREBY CERTIFY THAT THIS APPLICATION AND ANY MATERIAL SUBMITTED WITH IT, CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR LICENSURE IF, UPON INVESTIGATION, THE INFORMATION CONTAINED HEREIN, IS FOUND TO BE MISREPRESENTED OR FALSE. TITLE 32, CHAPTER 121, §13909. AUTHORIZED THE BOARD TO REFUSE TO ISSUE OR RENEW A LICENSE TO ANYONE FOUND GUILTY OF THE PRACTICE OF FRAUD OR DECEIT IN OBTAINING A LICENSE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

### **NOTARY PUBLIC**

The above named \_\_\_\_\_ personally appeared before  
PRINT APPLICANT'S NAME  
me and being duly sworn according to law deposes and says that the information above set forth is true to the best of his/her knowledge and belief and that this application is made for the purpose of inducing issuance of the license requested.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Term of Commission \_\_\_\_\_

Notary's Printed Name \_\_\_\_\_

NOTARY SEAL OR STAMP